	77.7
ARIZONA STATE E	SOARD OF HEALTH
1. PLACE OF BIRTH BUREAU OF VI	TAL STATISTICS Registered No.
STANDARD CERT	FICATE OF BIRTH
County Cila De State angono	
District or Township Clayport or Village	
Gity Manni No. 35 Hammand St., Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
And the Angles of the Angles o	
2. Full name of child	/ aupyramental report, as directed.
Sex of Child To be answered ONLY formal births. 4. Twin, triplet or oth 5. No., in order of bi	of birth Clary 20 1920
8. FATHER	14. MOTHER
Full name Norman William Groves	Full maiden name Edna Ine Ivey
9. Residence (Usual place of abode) Mignin Mignin	15. Residence (Usual place of abode) Miani, Anjone
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race	16. Color or race
White 11. Age at last birthday/(Years)	White 17. Age at last birthday . (Years)
12. Birthplace (city or place)	18. Birthplace (city or place) Hillsharo
(State or country) Texas	(State or country) 1-4/as
13. Occupation Miner helker	19. Occupation
^	Nature of Industry
Nature of Industry Capper Mining	1 2
(Taken as of time of birth of child herein (b) Born aliv	e and now living
	NG PHYSICIAN OR MIDWIFE * /2 /2 on the date above stated on
I hereby certify that I attended the birth of this child, who was	(Born alive of stillborn)
*When there was no attending physician or midwife, then the father, householder. Signature	or Irmle
{etc should make this return. A stillborn } child is one that neither breathes nor shows other evidence of life after birth.	(Physician 🏎 midwife.)
Given name added from a supplementi report	manie angua
Month, day, year	
Filed Registrar.	Registrar.
472 420 10d	
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